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TO
STATEMENT OF MATERIAL FACTS IN SUPPORT OF DEFENDANT
SMITHKLINE BEECHAM CORPORATION, d/b/a
GLAXOSMITHKLINE, PLC'S MOTION FOR SUMMARY JUDGMENT

(Michael Shane Christopher, et al. v. SmithKline Beecham Corporation, d/b/a
GlaxoSmithKline, Case No. CV 08-01498-PHX-FJM)

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EXHIBIT A
(Declaration of Bettina Stanger)

TO

**STATEMENT OF MATERIAL FACTS IN SUPPORT OF DEFENDANT
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(Michael Shane Christopher, et al. v. SmithKline Beecham Corporation, d/b/a
GlaxoSmithKline, Case No. CV 08-01498-PHX-FJM)

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13 Beecham Corporation, d/b/a GlaxoSmithKline

14 IN THE UNITED STATES DISTRICT COURT
15 FOR THE DISTRICT OF ARIZONA
16

17 Michael Shane Christopher, filing
individually and on behalf of all others
18 similarly situated; and Frank Buchanan,
filing individually and on behalf of all
19 others similarly situated;

20 Plaintiffs,

21 vs.

22 SmithKline Beecham Corporation,
23 d/b/a GlaxoSmithKline,

24 Defendant.

No. CV08-01498-PHX-FJM

**DECLARATION OF BETTINA
STANGER**

25
26 I, BETTINA STANGER, hereby declare as follows:

27 1. I currently am employed by SmithKline Beecham Corporation d/b/a
28 GlaxoSmithKline as a Compliance Manager for Policies and Education, and I have

1 held this position since September 1, 2008. I am responsible for management,
2 development, and training in connection with commercial practices policies
3 applicable to U.S. Pharma employees, including sales representatives.

4 2. I have worked in positions involving Compliance since April 2000,
5 and I have been employed by GlaxoSmithKline or one of its predecessor companies
6 since March 1996.

7 3. I have personal knowledge of the facts set forth in this Declaration,
8 and, if called and sworn as a witness, I could and would testify as to their accuracy.

9 4. I make this Declaration entirely of my own free will and choice. No
10 promises of benefits or threats have been made to me to persuade me to sign it.

11 5. I am familiar with legal compliance issues that arise in connection with
12 the activities of GlaxoSmithKline sales representatives.

13 6. GlaxoSmithKline's principal production activity is the manufacture of
14 pharmaceutical products. The pharmaceutical industry is heavily-regulated by the
15 federal government, and GlaxoSmithKline must sell its products in a manner that
16 complies with elaborate federal regulations. As a direct result of this regulatory
17 framework, GlaxoSmithKline's sales representatives must sell GlaxoSmithKline
18 products in a manner different from that in which salespeople in non-regulated
19 industries sell their products. Specifically, GlaxoSmithKline sales representatives
20 cannot sell products directly to the end-users of those products, and, instead, must
21 educate and strive to secure commitments from physicians to prescribe those
22 products to appropriate patient end-users, who, in turn, can purchase those products
23 from pharmacies only after obtaining such prescriptions.

24 7. GlaxoSmithKline and its employees are subject to federal regulation
25 under the Federal Food, Drug, and Cosmetic Act ("FDCA"), the Prescription Drug
26 Marketing Act ("PDMA"), the Anti-Kickback Statute ("AKS"), the Health
27 Insurance Portability and Accountability Act ("HIPAA"), and other regulations and
28 federal laws.

1 8. GlaxoSmithKline has adopted policies governing the activities of sales
2 representatives that incorporate these regulatory restrictions on their activities.

3 9. For example, by law, patients cannot purchase prescription drugs
4 without first obtaining a prescription from a healthcare professional who is licensed
5 under state law to prescribe prescription products. This means that sales
6 representatives cannot sell GlaxoSmithKline products directly to patient-
7 consumers, and GlaxoSmithKline prohibits sales representatives from participating
8 in any such activities, as well as from even discussing with or demonstrating to
9 patient-consumers how to use GSK products or devices.

10 10. Similarly, GlaxoSmithKline policies incorporate regulatory restrictions
11 that: (i) permit sales representatives to discuss with healthcare providers only FDA-
12 approved “on label” uses of GlaxoSmithKline products and (ii) require sales
13 representatives to give a balanced presentation of the benefits and risks associated
14 with the products that they are selling. To ensure compliance, GlaxoSmithKline
15 permits sales representatives to use only those written materials that were created
16 and/or approved by GlaxoSmithKline.

17 11. While GlaxoSmithKline’s policies that govern the activities of sales
18 representatives provide guidance, instruction, and rules that are designed to ensure
19 that sales representatives do not engage in activities that are inconsistent with the
20 regulatory requirements, it is not possible to address every situation that a sales
21 representative may encounter while engaged in sales activities; accordingly, it is
22 critical that sales representatives use their own discretion and judgment in
23 determining whether their conduct is appropriate and consistent with applicable
24 law, industry standards, and GlaxoSmithKline policies, as well as in determining
25 how best to achieve their sales goals in a manner consistent with their legal
26 obligations.

1 I have read this Declaration, and I declare under penalty of perjury under the
2 laws of the United States that the foregoing is true and correct.

3 EXECUTED this 14 day of May, 2009.

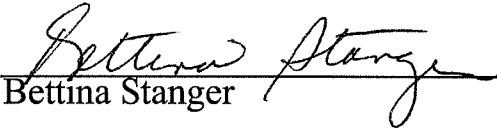
4
5
6 
Bettina Stanger

EXHIBIT B

(Excerpts of Michael Shane Christopher's April 22, 2009 Deposition)

TO

**STATEMENT OF MATERIAL FACTS IN SUPPORT OF DEFENDANT
SMITHKLINE BEECHAM CORPORATION, d/b/a
GLAXOSMITHKLINE, PLC'S MOTION FOR SUMMARY JUDGMENT**

**(Michael Shane Christopher, et al. v. SmithKline Beecham Corporation, d/b/a
GlaxoSmithKline, Case No. CV 08-01498-PHX-FJM)**

Michael Shane Christopher, etc., et al. v. SmithKline Beecham Corporation, etc.

Michael Shane Christopher

IN THE UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

Michael Shane Christopher,)
filing individually and on)
behalf of others similarly)
situated; and Frank Buchanan,)
filing individually and on)
behalf of all others)
similarly situated;)

Plaintiffs,)

versus)

No. CV-01498-FJM

SmithKline Beecham Corporation,)
d/b/a GlaxoSmithKline;)

Defendant.)

DEPOSITION OF: MICHAEL SHANE CHRISTOPHER

TAKEN ON: April 22, 2009

28985

ALTHEA L. MILLER
CSR No. 3353, RPR

Christopher, Michael 4/22/2009 9:17:00 AM

1 I did -- performed, medications administered,
2 stabilization, blood pressure, heart rate,
3 respiratory rate, those types of reports.

4 (The document referred to was marked as
5 Christopher Exhibit 3 by the Reporter.)

6 BY MS. JOHNSON:

7 Q Would you take a look at Christopher
8 Exhibit 4.

9 A 3.

10 Q 3. I'm sorry.

11 Have you had -- had an opportunity to look
12 at Christopher Exhibit 3?

13 A Yes.

14 Q Okay. Before I ask you some questions
15 about that particular exhibit, do you recall how you
16 went about applying for the position at GSK? Was it
17 online? Or did you submit a hard-copy application?
18 Do you recall?

19 A I believe at the time, if I can recall, I
20 believe I looked online.

21 There was a recruiting event in Columbus,
22 Ohio, that I went to on, like, a Monday; and then
23 there was also a recruiting event in Lexington,
24 which is the city I was living in, on another day
25 later in the week.

Christopher, Michael 4/22/2009 9:17:00 AM

1 I went to both. And I applied in person
2 and spoke with a recruiter in person.

3 And I -- I believe I -- I submitted an
4 online application; and then I also had to --
5 apparently -- I mean, obviously, filled out a --
6 from an Exhibit 1 -- I filled out a paper
7 application and submitted that as well.

8 Q Do you recall -- did you meet with one
9 recruiter or two recruiters? You mentioned two job
10 fairs that you went to?

11 A Ironically, it was the same recruiter,
12 Jeff -- Jeff Hoch.

13 Q Okay. And do you recall what Mr. Hoch told
14 you about the position that was available?

15 A Initially, he told me I didn't have any
16 experience.

17 Q Okay. Anything else other than that you
18 didn't have any -- what did he tell you about the
19 job, though?

20 A Pretty much I sat down; he told me I didn't
21 have any experience, I needed to go to -- sell copy
22 machines or go to work for Enterprise and rent cars.
23 That was -- that was the biggest thing that stuck
24 out to me.

25 Q Do you recall why -- did he explain why he

Christopher, Michael 4/22/2009 9:17:00 AM

1 thought those experiences would be beneficial to you

2 in enhancing your probability of getting a job?

3 A I re- -- I slightly recall I think he

4 mentioned that the training that those companies

5 provided was very integral and -- and in depth and

6 could benefit me as far as the way I would promote

7 and market medications for GSK.

8 Q Did you ever see a copy of a job

9 description before you went to work at GSK?

10 A No.

11 Q Anything else that you can recall that

12 Mr. Hoch told you about the position of

13 pharmaceutical sales rep that you got at GSK?

14 A I do not recall.

15 Q Okay. So you submitted your application,

16 even though Mr. Hoch was somewhat skeptical, it

17 sounds like, of your --

18 A Well, I submitted online prior to this

19 event. I went to this event.

20 Q I see.

21 A Met with him. He gave me this information.

22 And I had driven a couple miles north to --

23 to go to this open house, and then I also went to

24 the open house recruiting event later in the week

25 and ironically met with him again.

Christopher, Michael 4/22/2009 9:17:00 AM

1 Exhibit 3.

2 Your title was pharma- -- you were told
3 that your title would be pharmaceutical sales rep;
4 correct?

5 A Correct.

6 Q And that your job grade would be an S10?

7 A Correct.

8 Q You were given a territory number in
9 Lexington; correct?

10 A Correct.

11 Q And that you would be reporting to
12 Jeff Nash, the district sales manager?

13 A Correct.

14 Q The department is identified as field
15 sales; correct?

16 A Correct.

17 Q And your start date was to be March 31st,
18 2003; correct?

19 A Correct.

20 Q And your base salary was to be \$38,500
21 annualized and payable biweekly; correct?

22 A Correct.

23 Q If you go to page 2, toward the bottom of
24 page 2, there is a description of sales training.

25 Do you see that?

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1 A I do.

2 Q Was it your understanding that, before
3 assuming responsibilities as a pharmaceutical sales
4 rep, you were to take sales training?

5 A Was it my understanding?

6 Q Yes.

7 A Yes.

8 Q And that part of the sales training
9 involved home study; correct?

10 A Yes.

11 Q And part of the sales training involved
12 in-person training?

13 A It was classified as in-house training,
14 yes.

15 Q In-house training.

16 And that your employment was going to be
17 contingent on you passing this training; right?

18 A Correct.

19 Q Okay. I'd like to ask you some questions
20 about the training that -- that you received.

21 Can you describe for us the -- generally
22 the type of training that you received.

23 A For home study or for in-house training?

24 Q Well, let's start with home study.

25 A Home study was approximately four weeks of

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1 learning materials. I received several boxes of
2 folders and books, CDs, DVDs of materials of the
3 particular products that I were [verbatim] to
4 promote and market at that time.

5 Q Okay. And did you have tests in connection
6 with home study?

7 A There were.

8 Q And describe the in-house training that you
9 received.

10 A In-house training consisted of flying from
11 Lexington to Philadelphia for approximately
12 three and a half weeks.

13 There were -- we were not allowed to come
14 home on the weekend due to late flights and possibly
15 being absent for a day or two, trying to get back to
16 Philadelphia; so we were there for the entire time
17 in a hotel that was adjacent to the Franklin Plaza,
18 Philadelphia office for GSK.

19 Within that training, it was, I think, for
20 my particular training class, there were roughly 400
21 trainees that went through different phases of
22 training for different products.

23 We covered marketing material, promotional
24 material, sales aids, clinical reprints, the
25 standardized-type training where everyone got the

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1 same information, that sort of thing.

2 We covered computer training as far as how
3 to -- to input data for physicians that we were
4 regulated on to call -- expense reports, routing.

5 I'm -- I'm sure there were other modules
6 or -- or classes that were done, and I just -- I
7 don't -- I don't recall right now.

8 Q Did you receive any sales training?

9 A I can't recall -- I can't recall if they
10 classified it as "sales training."

11 Q Okay.

12 A It was just -- it was -- it was product
13 training on particular products that we were
14 responsible for.

15 (The document referred to was marked as
16 Defendants' Exhibit 4 by the Reporter.)

17 (The document referred to was marked as
18 Defendants' Exhibit 5 by the Reporter.)

19 BY MS. JOHNSON:

20 Q You've been handed what has been marked as
21 Christopher Exhibit 4 and Christopher Exhibit 5.

22 Do you recognize those?

23 A If I could have just a minute.

24 Q Sure.

25 ///

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1 (The document referred to was marked as

2 Christopher Exhibit 7 by the Reporter.)

3 BY MS. JOHNSON:

4 Q Do you recall ever seeing a copy of

5 Exhibit 7, which is a job description for a

6 "Pharmaceutical Sales Representative Grade: S10"?

7 A I do not recall if I did or didn't. I may

8 or may -- may not have.

9 Q Okay. Was it your understanding that the

10 purpose of a pharmaceutical sales representative was

11 to promote all GSK pharmaceutical products to

12 customers within territory, using established

13 protocol data and approved promotion materials to

14 meet or exceed established sales goals and

15 objectives?

16 A You asked me if I was aware of that for the

17 purpose?

18 Q Or is -- was that your purp- -- one of your

19 purposes as a pharmaceutical sales representative?

20 A Yes.

21 Q And was your -- a second purpose to work in

22 conjunction -- was a second purpose to work in

23 conjunction with other representatives in developing

24 strategies to increase sales of GSK pharmaceutical

25 products and territory?

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1 A I would say we increased knowledge of GSK
2 pharmaceutical products.

3 Q Okay. Is it true that you were
4 incentivized through incentive compensation based on
5 increases in sales in your territory?

6 A We were compensated on increase in the
7 market share.

8 Q And by increase in market share, there
9 would be increases in sales; correct?

10 A I don't know how the formulation was
11 calculated, but it was based on the market share
12 percentage of the products.

13 Q So is it your testimony here today that you
14 don't believe that there's any relationship between
15 increase in market share and increase in sales of
16 GSK products in your territory?

17 A How they formulated that, I do not know.

18 Q No. I'm not asking you about incentive
19 comp now. I'm asking you a more general question.

20 Is it your testimony here today that there
21 is no relationship between an increase in sales in
22 GSK products and an increase in market share?

23 A There could be, yes.

24 Q That there could be?

25 A There could be a relation.

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1 our geography and then there were formularies that
2 those physicians actually had in their practice --
3 for instance, a Blue Cross, Blue Shield insurance or
4 Cigna insurance -- so we had to try to extrapolate
5 the data that was given to us to list under -- under
6 those physicians, yes.

7 Q Okay. Under "Key Responsibilities" --

8 A Which exhibit?

9 Q I think it's 8. The last exhibit.

10 A I don't have 8 yet.

11 Q Then it must be 7. I guess I'll start
12 numbering them.

13 Okay. No. 7. Under the job description
14 for pharmaceutical sales representatives, do you see
15 the section called "Key Responsibilities"?

16 A Yes.

17 Q The first key responsibility under job
18 description is to "Sell products to specific
19 customer market according to the business plan."

20 Was that one of your responsibilities?

21 A I wouldn't classify it as a sell. I would
22 say "promote" or "market."

23 Q Okay. Was one of your responsibilities to
24 "Develop local business plan to increase market
25 share by outlining tactics, activities and

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1 resources"?

2 A Yes.

3 Q Was one of your key responsibilities to

4 "Demonstrate a thorough knowledge of GSK

5 pharmaceutical products, competitor products and

6 product objectives"?

7 A Yes.

8 Q Was one of your key responsibilities to

9 "Utilize customer-focused selling techniques,

10 continually assessing the knowledge of the customer,

11 and strategize to maintain high customer intimacy

12 and customer knowledge of GSK products"?

13 A Yes.

14 Q No. 5, was one of your key responsibilities

15 to "Maintain current approved protocol and

16 promotional materials to be included in sales

17 presentations"?

18 A Yes.

19 Q And was one of your key responsibilities to

20 "Actively seek and display knowledge of key

21 customers in territory"?

22 A Yes.

23 Q Was one of your responsibilities to dev- --

24 "Develop and deliver informative sales presentations

25 based on customer needs"?

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1 Q We had talked earlier about the training
2 that you received when you went to work at GSK.
3 Does Exhibit 8 describe generally the type of
4 training that you received as a new rep?

5 A Yes.

6 Q Approximately how long did your training
7 last?

8 A Again, I believe the -- the home study was
9 four weeks and in-house training in Philadelphia was
10 three and a half weeks.

11 (The document referred to was marked as
12 Christopher Exhibit 9 by the Reporter.)

13 BY MS. JOHNSON:

14 Q Are you familiar with the term "eForce
15 modules"?

16 A Yes.

17 Q What are eForce modules?

18 A I think it's the avenue that GSK used as
19 online assessments and continuing education.

20 Q And did you avail yourself of eForce
21 training while you were at GSK?

22 A Yes.

23 Q And, in fact, you took a number of eForce
24 modules; correct?

25 A Yes.

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1 MS. JOHNSON: And I think we're on

2 Exhibit 9.

3 THE REPORTER: Yes.

4 BY MS. JOHNSON:

5 Q Okay. If you go to page 3 of Exhibit 9,

6 take a look at page 3 and 4.

7 Do pages 3 and 4 of Exhibit 9 contain the

8 eForce modules that you took online while you were

9 with GSK?

10 And take a minute to look over those.

11 Do pages 3 and 4 of Exhibit 9 contain the

12 eForce modules that you took online while you were

13 with GSK?

14 A It looks to be an account of the Force --

15 of the eForce modules that I did take, yes.

16 (The document referred to was marked as

17 Christopher Exhibit 10 by the Reporter.)

18 BY MS. JOHNSON:

19 Q Take a look at Christopher Exhibit 10.

20 Is Christopher Exhibit 10 a copy of an

21 email that you sent to certain people within GSK,

22 dated May 30th, 2003, subject "The Beginning"?

23 A Can you repeat your question. I'm sorry.

24 Q Is Christopher Exhibit 10 a copy of an

25 email that you sent to certain people within GSK,

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1 dated May 30th, 2003, with the subject "The
2 Beginning"?

3 A Yes.

4 Q "Hello, I just wanted to
5 say 'Thank You' to each and every-" --
6 "each and everyone of you for the effort
7 you have made to make me feel like a
8 HUGE part of the TEAM. I feel as if I
9 have been working with you for years,
10 and that feeling is wonderful. I have
11 ... enjoyed my very 1st week working
12 with 'The Greatest Sales Team in
13 America.' I have been waiting anxiously
14 for this week and now that it is here, I
15 expect to make a positive impact on our
16 goal, our market share, our strategies,
17 and our overall focus Making
18 Doctors feel confident in prescribing
19 GSK's products. Enough of the soft
20 hearted stuff. I hope everyone has a
21 wonderful weekend and I will see ya next
22 week. MSC."

23 Did I read that correctly?

24 A Correct.

25 MR. PRUITT: I just want to make a

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1 A Yes.

2 Q You said there -- there were approximately
3 6,000 sales reps -- GSK sales representatives at the
4 Avandaryl meeting?

5 A Yes.

6 Q How long did the meeting last?

7 A Four days with a travel day on Sunday, I
8 believe.

9 Q So five days including the travel days or
10 four days including the travel days?

11 A I believe we traveled to Vegas on Sunday
12 evening, began the meeting on Monday morning, and
13 then traveled home on Thursday afternoon.

14 I believe that's how it worked.

15 Q Was it your understanding that all GSK
16 sales reps attended the Avandaryl meeting?

17 A No. Just those that had responsibilities
18 for promoting and marketing Avandaryl.

19 Q Okay.

20 THE VIDEOGRAPHER: Mr. Christopher, your
21 microphone is rubbing on your jacket there.

22 THE WITNESS: Sorry.

23 BY MS. JOHNSON:

24 Q In 2005, you were -- you received a
25 promotion; correct?

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1 A That sounds right.

2 Q And you were promoted to the position of
3 pharmaceutical senior sales representative; correct?

4 A That sounds accurate.

5 Q Mr. Nash continued to serve as your
6 district sales manager; correct?

7 A Correct.

8 Q And Mr. Holland remained your regional
9 vice president; correct?

10 A Correct.

11 Q Let me just step back for a minute. I'm
12 going to ask you a few questions I didn't ask you at
13 the beginning.

14 Are you married?

15 A I am.

16 Q What is your wife's name?

17 A Kammi Christopher.

18 Q How long have you been married?

19 A It will be two years May 31st.

20 Q Do you have any children?

21 A I do.

22 Q How old are your children?

23 A 3 and 6.

24 Q Were you married previously?

25 A Yes.

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1 Q And what was your wife's name?

2 A My ex-wife's name is Tracy Christopher or

3 Tracy Hisle Christopher.

4 Q Okay. Did your job duties change after you
5 became a pharmaceutical senior sales representative?

6 A If I recall, not. No.

7 MS. JOHNSON: Okay. Let's go off the
8 record a while and take a short break. We're going
9 to take a 10-minute break.

10 MR. PRUITT: Okay.

11 THE VIDEOGRAPHER: This concludes Tape 1 of
12 the deposition of Michael Shane Christopher.

13 We're off the record at 10:44.

14 (A brief recess was taken.)

15 THE VIDEOGRAPHER: This is Tape 2 in the
16 deposition of Michael Shane Christopher.

17 We're on the record at 11:04.

18 BY MS. JOHNSON:

19 Q Mr. Christopher, before the break, I had
20 asked you some questions about the training that you
21 received at GSK.

22 And I recall that you described the new rep
23 training that you received.

24 Do you recall that?

25 A Yes.

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1 approval or go-ahead.

2 I then sent out an email, I believe, to --
3 to Joe Golson, who at that time was the district
4 sales manager for the particular position that was
5 open in the Phoenix Metro area.

6 I -- I think I had to apply online. I had
7 to meet with Joe Golson for an interview. It wasn't
8 a -- it wasn't a given just because I worked for
9 GSK. I had to interview with him.

10 So we sat down for an interview. I flew
11 home in [verbatim] Kentucky. I think I received a
12 phone call or an email or -- or some sort of -- of
13 communication to offer me the -- the position and
14 approve the transfer.

15 So I think there may have been some contact
16 between Jeff Nash, Joe Golson -- obviously, there's
17 some HR representatives involved with the
18 transfer -- and then transferred here.

19 Q Did GSK pay for your transfer?

20 A No.

21 Q So you paid your relocation expenses?

22 A All of them.

23 Q Okay. Did you ask them to pay?

24 A Yes.

25 Q Did you ask Mr. Nash or Mr. Golson?

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1 A Both.

2 Q Did they give you a reason for why they

3 didn't pay?

4 A Lateral transfer, and it was a request of

5 myself as opposed to a promotion or -- or request

6 from GSK.

7 Q Okay. Are pages 1 and 2 of Exhibit 11

8 different documents or part of the same?

9 A They are -- they're different documents,

10 but they're still my resume, just formatted a little

11 different.

12 Q And you had described earlier the training

13 that you received when you -- when you moved.

14 And could you just -- I'd like to make sure

15 that we have that clear in terms of the training you

16 received when you moved.

17 You had training on different products;

18 correct?

19 A Correct.

20 Q Go ahead.

21 A Initial training, I learned a group of

22 products, and I promoted those products in Lexington

23 for -- for Philadelphia Pharma.

24 When I requested the transfer and got it

25 approved, I moved here and picked up a different

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1 group of products to promote and market to obviously
2 the Phoenix market.

3 So at that point I went through -- and I
4 can't recall how many weeks of home study for those
5 products, but I did home study for those products as
6 well as go to RTP --

7 Q Okay.

8 A -- in North Carolina.

9 Q So when you went to RTP in North Carolina,
10 did you go through similar training that you had
11 received when you had your new-hire training when
12 you were working in Kentucky?

13 A It was similar in the fact that it was
14 obviously a standardized training with GSK-approved
15 selling messages, methodologies, promotional
16 materials, clinical reprints specific to those new
17 products that I picked up at that time.

18 Q Okay.

19 A So I guess, to answer your question, yes,
20 the -- the training was similar but different
21 because of -- each product has different clinical
22 reprints or different messages to deliver to a
23 physician.

24 Does that answer?

25 Q I think so, but it's more than just

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1 clinical reprints and messages. I mean, you had --

2 A Promotional materials.

3 Q Let me just finish. That's okay.

4 It's more than just clinical reprint and
5 messages. You had to learn additional information
6 about new products apart from just and clinical
7 reprint; correct?

8 A I had to learn disease states, yes, for --
9 the products that I promoted.

10 For instance, Boniva was for osteoporosis;
11 so I had to learn the disease state for
12 osteoporosis.

13 Q Okay. Could you go back to Exhibit 9.
14 Exhibit 9 is a -- that list of eForce
15 modules that we discussed.

16 A Uh-huh.

17 Q If you go to page 3 of Exhibit 9, the one
18 with the titles, do you recall -- there's -- there's
19 an indication there that you took a class called
20 "Intro to Winning Practices for Sales Reps."

21 Do you see that about midway the page?

22 A Yes.

23 Q What, if you recall, was "winning
24 practices" about?

25 A I think I recall it was -- it was steps in

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1 order to deliver our assigned messages for each
2 product to a physician.

3 Q What do you mean by the "steps"?

4 A Categories of -- of an opening to a
5 dialogue to a physician.

6 And I -- and I can't recall each step of
7 that process; but I believe that, to my
8 recollection -- recollection -- recollection is the
9 method of delivering those -- those key messages.

10 (The document referred to was marked as

11 Christopher Exhibit 12 by the Reporter.)

12 BY MS. JOHNSON:

13 Q Take a look at Exhibit No. 12.

14 MR. PRUITT: Do you have a copy for me?

15 MS. JOHNSON: Oh, sure.

16 MR. PRUITT: Thanks.

17 BY MS. JOHNSON:

18 Q Are you familiar with Exhibit 12?

19 A Yes.

20 Q Is the first page of Exhibit 12 an email,
21 your cover email, to Mr. Golson, wherein you
22 attach -- you indicate that you've attached your RDP
23 application?

24 A Yes.

25 Q And does RDP stand for Regional Development

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1 that had to be prescribed by a physician; correct?

2 A Correct.

3 Q So wasn't part of what you were doing to
4 help the physician understand the value of GSK
5 products over competitors' products and for
6 appropriate patients to prescribe GSK products?

7 A It was my position that I was trained on
8 particular products and I was to promote and market
9 those products based on designated messages from
10 materials that were provided from GlaxoSmithKline,
11 that were approved not only by GlaxoSmithKline but
12 the FDA and all the legal parameters that go behind
13 that.

14 Q Uh-huh.

15 A That was my position.

16 Q I understand your position, but I'm not
17 sure if you answered my question. So I'm going to
18 go back and ask my question again.

19 A Sure.

20 Q Okay. Isn't it true -- you can use the
21 term "promote" -- we can use the term "promote," but
22 in promoting to physicians, wasn't your objective to
23 get the physician to prescribe a GSK product for
24 appropriate patients as opposed to a competitor's
25 product?

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1 the last question. Keep going.

2 Okay. Objection. Nonresponsive to
3 everything after -- to everything after "I write it
4 all the time."

5 Q Okay. Let's see what else we have here.

6 If you go to the last page of Exhibit 12,
7 when you say, "I am an achiever, I make things
8 happen," in the third full paragraph, what did you
9 mean by that?

10 A I like to achieve personal, professional
11 goals.

12 Q What professional goals were you referring
13 to?

14 A At that time that I wrote that statement,
15 I'm not sure.

16 Q And when you say, "I am an achiever, I make
17 things happen," what things were you referring to.

18 In the context of your job, what kinds of
19 things did you like to make happen or did you -- did
20 you make happen?

21 A I build relationships; I enter all my
22 administrative duties and tasks, expense reports;
23 call on the physicians that I need to call on; try
24 to meet that designated goal because we have -- we
25 have a group of phys- -- of physicians that we're

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1 we're -- that I'm understanding your answers and
2 that you're understanding my questions.

3 A Sure.

4 Q Because you said to me -- I believe I
5 understood you to testify that one of the things
6 that you were taught to do in training by GSK is to
7 ask the physician, regardless of their response, to
8 write a prescription for a GSK product; and maybe
9 that's the way I can ask the question.

10 Isn't it true that, as part of your
11 training with GSK, you were trained to ask a
12 prescriber to write a prescription for a GSK
13 product? Regardless of whether they did or not, is
14 that a true statement?

15 A There was training to ask for commitment
16 from a physician to either read a clinical, write
17 prescriptions, go to a dinner program, attend a
18 weekend convention.

19 There were multiple questions that we were
20 asked to ask our physicians.

21 Q Perfect.

22 And one of those questions was to ask them
23 to write a prescription; correct?

24 A For a GSK product?

25 Q Yes.

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1 A Yes.

2 Q Thank you.

3 (The document referred to was marked as

4 Christopher Exhibit 14 by the Reporter.)

5 BY MS. JOHNSON:

6 Q Would you take a look at Exhibit 14,

7 please.

8 Is Exhibit 14 a copy of an email from you,

9 dated May 16, 2004, to various people at GSK,

10 "Subject: JUNE activity"?

11 A It looks like yes.

12 Q Okay. And in Exhibit 14 -- let's see. I

13 think it's the third -- second or third sentence, it

14 says, "It went extremely well....Harrison said ...

15 he is committed to writing more of products."

16 Did I read that correctly?

17 A Yes.

18 Q Is -- was Harrison a prescriber?

19 A He was.

20 Q Is it Dr. Harrison?

21 A Uh-huh.

22 Q And -- is that -- is that a "Yes"?

23 A Yes. I'm sorry.

24 Q That's all right.

25 And Dr. Harrison, you were reporting --

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1 Do you see that?

2 A Uh-huh. Yes. I'm sorry.

3 Q Do you have any understanding of what is
4 meant by that?

5 A No. Again, I -- I -- I didn't write the
6 email or what his intent of delivering that type
7 of --

8 Q Once again, just to be clear, I'm not
9 asking you what he intended, but I'm asking you
10 whether, as you sit here today, you have any
11 understanding of what that sentence means, based on
12 your having been in the position and someone to whom
13 the email was sent?

14 A I could understand -- yeah, I could
15 understand maybe his intent of that particular
16 statement.

17 Q Okay. What was your understanding of his
18 intent of that particular statement or what you
19 understood the intent to be?

20 A You want to be viewed as a resource and
21 knowledgeable about the disease state and the
22 products that at the time I was promoting.

23 Q And how -- and what kind of considerable
24 thought did you need to give to -- thought did you
25 need to give to the call before you went on the

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1 business, where to initiate, and where to steal

2 business"?

3 A My -- my insight is to -- my thoughts,

4 perhaps, when I wrote this was at the time I know

5 that there was a big kind of a discussion about

6 right message to the right people -- "It's just a

7 matter of targeting the right" -- so "the right

8 message to the right people" would mean talking

9 about the right products to the right physician, in

10 particular, that I had assigned -- had been assigned

11 to.

12 Q Uh-huh.

13 A Looking at the data that had been provided

14 by GSK, where to gain business, potentially my

15 thoughts were for the formulary information that we

16 provided to account for a reminder to those

17 physicians.

18 Q Let me just stop you there.

19 Are you saying, then, that you were using

20 the formulary information to talk to the physician

21 about prescribing drugs for particular patients,

22 based on that formulary information?

23 A As set forth with some of the direction,

24 yes, that I was given as to --

25 Q Okay.

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1 Q How was the formulary going to help you in
2 stealing business?

3 A I don't know. Maybe it was just -- I
4 don't -- I don't remember.

5 Q Okay. As you go down the paragraph, do you
6 see the section that says:

7 "As the first hire for you as a
8 manager, I want you to shape me to be
9 a leader within this team, within
10 this industry, and specifically
11 [within] this company."

12 What did you mean by wanting to be "shaped
13 into a leader"?

14 A Just professional development.

15 In one of these -- one of these exhibits,
16 my application for PDP -- I was referring to that
17 type of -- I can't find the document -- but it's
18 referring to the professional development program.

19 I know it was very early on, but I wanted
20 to express my interest in not only being a
21 pharmaceutical representative but also trying to
22 learn all the different -- different avenues of the
23 pharmaceutical industry as far as management or
24 training or -- just different departments.

25 Q As a pharmaceutical sales rep, did your

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1 district sales managers go out with you when you
2 visited healthcare providers from time to time?

3 A From time to time, yes.

4 Q Were those times when your district sales
5 manager went out with you called "ride-alongs"?

6 A Yes.

7 Q Okay.

8 (The document referred to was marked as
9 Christopher Exhibit 19 by the Reporter.)

10 BY MS. JOHNSON:

11 Q Are you familiar with the -- are you
12 familiar with Exhibit 19?

13 A Yes.

14 Q Is Exhibit 19 a copy of a GSK Field
15 Coaching Report?

16 A At that time, yes.

17 Q And at that time was the GSK Field Coaching
18 Report used in connection with the ride-alongs?

19 A Yes.

20 Q Is Exhibit 19 a Field Coaching Report
21 for -- and I apol- -- the writing is very small
22 there -- looks like July 15, 2003.

23 Do you see that in the top right corner?

24 A It looks to be accurate.

25 Q And do you see line 6 that says "Quarter to

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1 Q Okay. And I'd like you to turn to page 3
2 of Exhibit 19, under "Winning Practices," and do you
3 see a list of winning practices?

4 A Yes.

5 Q Was one of the winning practices against
6 which your performance measured implementing your
7 "own plan to grow the territory"? Do you see where
8 I'm looking?

9 A I do.

10 Q Okay. Well, let me ask you a foundational
11 question there.

12 Was it your understanding that, when you
13 went out on field ride-alongs with your district
14 sales manager, the ride-along -- the sales managers
15 were rating your performance against winning
16 practices?

17 A Initially, I did not know. And then I
18 was -- we sat down -- because at this time, I think
19 we did a two-day ride-along, where the first day, we
20 were obviously riding along, making calls; the
21 second day, we would -- we would ride-along, and
22 then he would populate information based on what he
23 observed. And then at that time, we kind of went
24 through all of these things and discussed what his
25 input was.

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1 Q Let me ask that again.

2 Was it your understanding at some point, by
3 the end of the ride-along, that your district sales
4 manager was rating you based on the criteria of
5 winning practices?

6 A In addition to other parameters, yes.

7 Q Yes. Okay. And was one of those practices
8 that you were rated against implementing your "own
9 plan to grow the territory"?

10 A I want to answer the question, but I also
11 want to say that it's not implementing my own
12 territory --

13 Q Okay.

14 A -- or my own plan because it's just not my
15 own plan. It's under this directive or
16 discretion --

17 Q Okay.

18 A -- of what we can and can't do --

19 Q Right.

20 A -- and its parameters.

21 Q And let -- let -- let's just kind of clear
22 that up.

23 We know there are laws that govern what you
24 as a pharmaceutical sales rep can and cannot do;
25 correct?

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1 plan to grow the territory?

2 A Without having all of the standard
3 operating procedures, binder, and all of that in
4 front of me and having the resource to review those,
5 I -- I can't speak on what those parameters are
6 because I don't remember.

7 Q Okay. And for the purposes of these
8 questions, we're going to assume that you were
9 following the law and you were following those GSK
10 guidelines that were -- are you familiar with the
11 term "Commercial Policies and Practices," the CPP?

12 We're going to assume that you were in
13 compliance with the CPP.

14 A Yes.

15 Q All right. So with that caveat, I'm going
16 to ask the question again.

17 Was it your understanding that one of the
18 winning practices against which your performance was
19 rated was implementing your own "plan to grow the
20 territory"?

21 A Yes.

22 Q Was one of the winning practices against
23 which your performance was rated gaining "insight
24 into key customers"?

25 A With information provided by GSK, yes.

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1 Q Correct. Because you did have a list of
2 doctors that you were -- that were approved for you
3 to call on; correct?

4 A Correct. And I'm just simply stating --

5 Q Right.

6 A -- that, with information that was
7 provided, I was able to "Gain insight into key
8 customers."

9 Q And was it your understanding that one of
10 the reasons for having a list was that the company
11 would not want you to call on doctors where you
12 might make off-label-type presentations?

13 A I would agree to that, in addition to I
14 wasn't to call on physicians that weren't approved
15 from GSK to call on, for whatever reason. They just
16 weren't in my database.

17 Q Right. Was one of the winning ex- --
18 winning practices against which your performance was
19 judged building "strong business relationships with
20 customers"?

21 A Yes.

22 Q Was one of the winning practices "Masters
23 disease areas and product knowledge"?

24 A Yes.

25 Q Was one of the areas preparing "for each

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1 call"?

2 A Yes.

3 Q And then it -- there's an indication:

4 "Shane has already learned how to

5 look at the data and analyze the

6 trends [and] growth tab and to

7 formulate a growth plan where to go

8 in the call. His pre-call planning

9 was [very] good."

10 What type of precall planning did you do?

11 A Based on just looking at this information

12 now and trying to recall the events that took place,

13 I would -- I would say that it was having a -- a

14 plan of action as to, when I first got into the

15 territory, I met with my counterparts as previously

16 mentioned, a few of them, about which phys- --

17 physician offices to go to.

18 So, for instance, I precall planned to

19 coordinate, if we were going to go visit a physician

20 on that particular day, that that physician was

21 actually in the office that day. You don't want to

22 go somewhere where they're not in or they're at a

23 different location.

24 So that would be -- that would be what I'd

25 take from this and just kind of looking at the

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1 information that we had available to us for -- for
2 those particular physicians that we saw for those
3 one-day or two-day events, ride-alongs.

4 MS. JOHNSON: (To the reporter) Go down.
5 Okay.

6 Q Was one of the winning practices against
7 which your performance was rated was to "Engage each
8 customer in a dialogue about products"?

9 A Yes.

10 Q Was one of the winning practices against
11 which your performance was rated "Gains the best
12 possible commitment on every call"?

13 A Yes.

14 Q And was one of the winning practices
15 against which your performance was rated
16 "Continually adds value to the customer"?

17 A Yes.

18 Q Was one of the winning practices against
19 which your performance was rated "Demonstrates
20 initiative, passion and persistence to get results"?

21 A Yes.

22 Q And then on what's Bates number pages
23 15695, there's a section "ASAP Selling Model." Do
24 you recall what "ASAP" stood for?

25 A No.

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1 other, which I cannot recall at this -- at this time
2 of what they changed it to, but there was certainly
3 a change.

4 Q Okay. So there were times where you were
5 incentivized based on changes in market volume and
6 times when you were incentivized based on changes in
7 market share; is that correct?

8 A To my recollection -- recollection, I --
9 yes, that is correct.

10 Q Okay. Once you transferred to Arizona in
11 2006, did Mr. Golson continue to participate in
12 ride-alongs?

13 A Yes.

14 Q How often would Mr. Nash go on ride-alongs
15 with you?

16 A I --

17 Q Give us an estimate. Once a month?

18 A Once a month, once every other month.

19 Q And day to day what kind of interaction or
20 how much interaction would you have with -- did you
21 have with Mr. Nash?

22 A Both with Mr. Nash and with Mr. Golson --

23 Q I'm only asking you about Mr. Nash now.

24 A Okay. For Mr. Nash, I communicated with
25 him either on the phone, through voicemail, through

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1 email, or I would run into him and another
2 representative periodically.

3 Periodically, run into those people. I
4 would -- mostly, it was conversations on the phone
5 or -- or voicemail or emails.

6 Q And my question may not have been clear. I
7 asked you -- well, how often did you have
8 interaction with Mr. Nash?

9 A Daily or every other day.

10 Q And what kind of interaction would you have
11 with Mr. Nash daily?

12 A Daily, it was voicemail or actually talking
13 to him on the mobile phone or -- or emails.

14 Q And what types of things did you talk with
15 him about daily?

16 A Business.

17 Q What kind of aspects of business?

18 A "Where are you? Where are you going? What
19 are your messages? Are you guys meeting as a team?
20 How's your routing? Is there anything I can help
21 you with? Resources you have? Resources you don't
22 have?"

23 Q Okay. And you said you talked with him on
24 the phone, and you left voicemails and emails as
25 well?

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1 Report, dated January 29th, 2004, when Mr. Nash was
2 your district sales manager?

3 A Yes.

4 Q Under -- on page 3 -- let me give you the
5 number. The number is 17046 under "Summary."

6 If you go to I think it's line 85 under the
7 "Summary:"

8 "Shane is doing a great job and
9 is learning how to balance and sell
10 the complete portfolio."

11 Do you see that?

12 A Yes.

13 Q What was your understanding as to what you
14 were doing as far as selling a "complete portfolio"?

15 A I don't -- I don't know what his intention
16 on writing that is.

17 Q See, I'm sorry. I'm not asking you what he
18 meant.

19 A I'm trying to answer.

20 Q I'm asking what you understood.

21 A Okay. Again, I don't know what his
22 intention of writing that sentence was, but my
23 understanding would be that it was -- that I'm
24 delivering all the -- the key messages to the right
25 physician at the right time for the entire portfolio

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1 products that I -- that I was responsible for
2 promoting.

3 Q Okay. Under -- if you go to line 41 on
4 page 2, the second sentence, Shane -- oh --

5 "He is learning more about what
6 will drive [the] business and how to
7 utilize his data to really get a
8 handle on which customers to target
9 and maximize."

10 Did you have an understanding of what that
11 term "driving the business" meant?

12 A No.

13 Q You've never heard that term other than in
14 this document?

15 A I've heard the term but I --

16 Q Let -- let me ask you a general question.

17 When you've heard that -- when you heard
18 that term within GSK, what was your understanding of
19 the term, quote, "drive the business," close quotes?

20 A Seeing the right physicians the right
21 amount of times based on the frequencies, delivering
22 the core key messages that we were trained on on
23 these particular products that we're assigned to
24 promote to these key physicians.

25 Q And was part of that getting a commitment

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1 from the physician to write the prescriptions in
2 terms of driving the business? Was that part of how
3 you were driving the business?

4 A I wouldn't just say that part of driving a
5 business is to get a commitment. I would say that
6 it would be to build a relationship and to be valued
7 as a resource in bringing information to the
8 physician to make him aware of all of the
9 information as far as safety, efficacy, tolerability
10 for the products, and to --

11 Q Okay.

12 A -- to drive business.

13 Q By getting prescriptions. By getting the
14 physician to write prescriptions for the appropriate
15 patients of GSK products; correct?

16 MR. PRUITT: Objection. Form.

17 THE WITNESS: I would ask for business or
18 commitments for multiple different things.

19 BY MS. JOHNSON:

20 Q Including writing prescriptions for the
21 appropriate patient; correct?

22 A Writing prescriptions for the appropriate
23 patient type; correct.

24 MS. JOHNSON: Thank you.

25 We're going to go off the record for just a

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1 involved?

2 A I don't believe I was, no. I don't recall.

3 Q You talked about reviewing data in
4 connection with your visits to physicians -- to
5 physicians' offices.

6 Did you ever ask the physicians questions
7 during your calls?

8 A We were allowed to ask specific questions
9 about core messages that we were to -- to deliver or
10 information that we were able to kind of engage a
11 physician.

12 Q Why did you ask questions?

13 A That was part of my job.

14 Q But for what reason? I understand it was
15 part of your job, but what information were you
16 trying to elicit from physicians in asking them
17 questions?

18 A To get a dialogue going instead of just me
19 coming in and talking.

20 Q And why did you want to get a dialogue
21 going?

22 A That's the way that the training took
23 place, initial training, ongoing training, that we
24 participated in.

25 I can't recall what the actual class was

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1 called, but there would be scripted -- scripted
2 verses that we would -- we would go through and
3 scenarios that we would go through in training, as
4 well as they -- GSK invited physicians in that we
5 would interact with and kind of go through the
6 dialogue that we were trained on and kind of any
7 objection that the physician would approach us with.

8 There was scripted dialogue that we would
9 give response to and pull out information and
10 resources to kind of help with that.

11 Q You -- you were pulling out information and
12 resources to overcome the objections; correct?

13 A Correct.

14 Q And the objections would be to things like
15 prescribing a GSK product; right?

16 A Not necessarily prescribing a GSK product.
17 I -- I mean, I -- I -- there were so many different
18 conversations and -- and interactions with
19 physicians. I can't -- I can't give you all of
20 them.

21 Q I'm not asking you for all of them. I'm
22 asking you for some of them.

23 So let's -- let's just start again.

24 In addressing physicians' objections, were
25 the objections generally to the physician wanting to

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1 prescribe the GSK product about which you were
2 talking with the physician?

3 A Sometimes yes; sometimes no.

4 Q For those "sometimes yes" instances, how
5 would you go about overcoming the objections to
6 prescribing a GSK product?

7 A Again, there were scripted-type responses.
8 If physicians said, "Well, I don't prescribe it
9 because it's not on Blue Cross, Blue Shield," for
10 whatever reason --

11 Q Uh-huh.

12 A -- if I had the resource that showed that a
13 particular product was or was not on that formulary,
14 I would have shown him that information.

15 Q Can you give some other examples of
16 objections.

17 A There's not one in particular that kind of
18 just --

19 Q Uh-huh.

20 A -- pops out.

21 Yeah, I guess -- "Is it safe?" then you
22 would pull out safety information --

23 Q Right.

24 A -- as far as --

25 Q And I'm sorry. We got on this whole line

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1 of questions because I asked you what kind of
2 questions you asked the doctor, not what kind of
3 questions the doctor asked you.

4 What kind of questions would you ask
5 physicians?

6 A What kind of question [verbatim] would I
7 ask physicians?

8 Q Yes.

9 A There's a myriad of questions that we were
10 kind of approved to ask. When do they use a
11 product? How do they use a product? And why do
12 they use a product? That would part of the
13 "when/why/how" scenario.

14 Q Right. And did you always ask every
15 prescriber the same questions every time?

16 A Not every time.

17 Q How would you decide what questions to ask?

18 A It was based on kind of looking at the data
19 that -- I mean, obviously, if I come in and asked
20 you your name every time I saw you, you'd probably
21 get annoyed; and so that type of questioning to a
22 physician, if I asked him when does he prescribe a
23 medication, at some point, he would be, like, "Okay.
24 We already covered this."

25 So then I would -- through directives of --

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1 of marketing and promoting materials and -- and that
2 sort of thing, I would present information on a
3 particular clinical that was able to -- we were able
4 to -- to share with the physician or the sales aid,
5 different pages in the sales aid that -- that we
6 could use to formulate a question of, you know, "Are
7 you familiar with how a particular product works or
8 the efficacy of a particular product?"

9 Q And those questions would be -- you would
10 tailor those questions based on where you were with
11 that prescriber in terms of your relationship and
12 getting to a commitment; right?

13 A Based on the direction and interactions
14 with my teammates and my manager, if -- you know,
15 for instance, when I very first started -- I can't
16 just, you know, go in and -- and just act like I've
17 been calling on this physician for -- for years.

18 It is kind of a "Hey, how are you doing?"
19 learn office policies, procedures, interact with the
20 physician, try to find out just information about
21 him and his practice, and try to correlate that with
22 the information that was in the computer to make
23 sure that it was kind of up to date.

24 And then based on that, I would ask where,
25 when, and how -- or when, why, and how they would

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1 use GSK products.

2 Q Why would you ask those questions?

3 A That's what we're in the position to do is

4 find out information from a physician and to promote

5 and market GSK products.

6 Q I'm sorry. I think I asked you why would

7 you ask that -- why would you ask those questions,

8 and you said you were in the position to find out

9 information, but what would you do with that

10 information?

11 A Use it and correlate it to the information

12 that GSK has provided.

13 Q For what purpose?

14 A To market and promote GSK products.

15 Q In order to increase either market volume

16 or market share ultimately; correct?

17 A Correct. To promote and market GSK

18 products.

19 (The document referred to was marked as

20 Christopher Exhibit 22 by the Reporter.)

21 BY MS. JOHNSON:

22 Q Are you familiar with Exhibit 22? Take a

23 few minutes to look through it.

24 Are you familiar with Exhibit 21?

25 A I am.

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1 Q 22. I'm sorry. 22?

2 A I am.

3 Q And is Exhibit 22 a copy of the
4 "Field Coaching Tool Kit for Sales Professionals"?

5 A Yes.

6 Q Go to page 16800.

7 Actually, I'm going to have you go to
8 page 16803.

9 And you recall earlier we talked about
10 various winning practices on the Field -- that are
11 indicated on the Field Coaching Report?

12 A Yes.

13 Q And if you go to page 16803, take a look at
14 page 16803 through 16807. Do you see that?

15 Are those the winning practices No. 1 --
16 Nos. 1 through 9 that were part of the
17 Field Coaching Tool Kit?

18 A It appears to be, yes.

19 Q Okay. And were you, as a sales -- a
20 pharmaceutical sales rep rated as "Foundational,"
21 "Proficient," or "Expert" in each of the areas 1
22 through 9?

23 A Yes.

24 Q And would you confirm for me that there are
25 certain winning practices listed as foundational

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1 winning practices listed as "Proficient" and winning
2 practices listed as "Expert" under each of those
3 categories 1 through 9?

4 A Yes, there are.

5 Q And it was -- was it your understanding
6 that you were rated by your district sales managers
7 as "Foundational," "Proficient," or "Expert" with
8 respect to each of those nine winning practices?

9 A Yes. That was my understanding.

10 Q And, in some instances, you were found to
11 be "Foundational"; but in some instance, you
12 actually got to be an "Expert" with respect to
13 certain winning practices; correct?

14 A Yes.

15 Q If you go to page 19 of Exhibit 22, No. 7,
16 "Gains The Best Possible Commitment On Each Call."

17 And under "Expert," do you see E3?

18 "Always leaves the office with a
19 tangible 'next step' commitment that
20 increases the importance of the next
21 call."

22 A Yes.

23 Q What was your understanding of how you
24 would go about doing E3 as a sales rep? How --
25 what -- what was expected of you in order to be an

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1 "Expert"?

2 A I don't -- I actually don't recall ever
3 having an "Expert" in that category. So to get
4 there, I -- obviously, I didn't reach that
5 objective.

6 Q And you didn't have any understanding of
7 what it would take to get there?

8 A I think -- again, I mean it's -- I'm trying
9 to recall these events.

10 Perhaps I didn't ask for a commitment on
11 every call. That's the reason why I never -- or
12 potentially didn't have "Expert" in No. 7 for a
13 commitment on every call.

14 Q Do you recall going to any training on what
15 was referred to as the "Worldwide Sales Force
16 Excellent -- Excellence Program"?

17 A I think that was in conjunction with a
18 training, yes.

19 Q And do you recall whether that training was
20 at the district, regional, or national level?

21 A It might have been national. I -- I can't
22 recall what --

23 Q Well, if it was --

24 A -- what level.

25 Q Did you go to a national meeting where you

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1 recall the worldwide sales force excellence being
2 discussed?

3 A It was discussed, I believe, at the
4 Avandaryl launch, but I can't recall if it was -- if
5 it was rolled out prior to that or -- or when it was
6 implemented.

7 Q Okay. All right.

8 (The document referred to was marked as
9 Christopher Exhibit 23 by the Reporter.)

10 BY MS. JOHNSON:

11 Q Is Exhibit 23 a copy of a Field Coaching
12 Report, dated October 5th, 2006, by district sales
13 manager, Joe -- Joe Golson?

14 A Yes.

15 Q Okay. If you go to the last page of
16 Exhibit 22 [verbatim], under the "Focus on Winning
17 Practices," what -- you rated as "Proficient" in the
18 three winning practices listed: No. 1, "Implement
19 your own plan to grow the territory; No. 2, Engage
20 each customer in a dialogue about products; No. 3,
21 continually [to] add value to the customer."

22 A Yes, I am. You asked me if I --

23 Q If you were rated "Proficient."

24 A Yes, I am, or I was at this time.

25 Q Now, under the comments -- and this is a --

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1 for the business. He pursued his
2 objective."

3 Was that identified as an area of strength
4 for you with respect to your precall planning?

5 A Yeah. I did exactly as I planned. I --

6 Q And how --

7 A -- asked appropriate, approved questions;
8 provided the appropriate, approved information; and
9 I asked for a commitment.

10 Q Okay. And when you say "asked for a
11 commitment," you're referring to the section of that
12 box that says "and asked for the business"?

13 And, if you're not, how did you go about
14 asking for the business?

15 A I don't recall exactly what the specific
16 question was.

17 Q Can -- can you recall any ways in which you
18 went about asking for the business apart from this
19 form?

20 A "Would you come to a dinner program with an
21 approved speaker? Would you read a clinical reprint
22 and give me your thoughts on the validity of -- of
23 what you think of it? Will you prescribe
24 medications?"

25 Q Okay. Under "Closing and Bridging," under

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1 "Areas of Strength":

2 "Good close with Dr. Ahmad asking

3 him to prescribe Boniva for new

4 patients and for patients wanting

5 more convenient dosing or lessened GI

6 side effects."

7 Now, with respect to -- let me just ask a

8 different question.

9 With respect to Exhibit 25, you are rated

10 as "Expert" in Winning Practices 1 and 2, but

11 "Proficient" as far as Winning Practice No. 3;

12 correct?

13 A Correct.

14 Q All right. Did you plan -- did you plan

15 any after-hour events for prescribers? When I mean

16 [verbatim] "after-hour events," I mean any types of

17 CMEs?

18 A There were speaker events, and then there

19 were one-on-one dinners, yes.

20 Q And when you were working in Kentucky, did

21 you plan speaker events?

22 A A lot.

23 Q What was the purpose of the speaker events?

24 A To have an approved speaker come in to --

25 an approved speaker from GSK Speakers Bureau list --

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1 Q Approximately how many prescribers did you
2 call on a day?

3 A On average, it was between eight and ten.

4 Q Okay. And you were required to be in the
5 field from 8:30 to 5:00; right?

6 A Yes.

7 Q When you called on each of those eight to
8 ten prescribers, is it accurate that you modified
9 your approach somewhat based on the previous call
10 you'd had?

11 A Can you give a definition of "modified."

12 Q Sure.

13 In other words, if you had established a
14 certain level of commitment for Physician A during
15 the last call, you would try to get a different
16 level of commitment from Physician A on the next
17 call; correct?

18 A Based on kind of a --

19 Q I'm not referring to the document now. I'm
20 just talking generally.

21 A No. I'm just -- based on information that
22 I had with physicians and data that was provided,
23 if -- if -- because they were all approved messages
24 that -- that myself and others were using, we could
25 use -- based on -- on the history, we would use a

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1 A I had my home office, and I had a storage
2 unit; so it's not really considered an office, but
3 it was a storage unit.

4 Q That's why I want to ask my question again
5 because I didn't ask --

6 A I just was clear.

7 Q I understand. I'm asking -- let me ask the
8 question.

9 When you worked in Kentucky, did you have
10 any office other than your home office?

11 A No.

12 Q When you worked in -- for GSK in Arizona,
13 did you have any office other than your home office?

14 A No.

15 Q One of the things that you seek in
16 connection with this lawsuit is payment for your
17 overtime wages; correct? Payment of overtime wages;
18 right?

19 A Correct.

20 Q About how many hours per week would you say
21 you worked in your home office outside of the
22 territory? Being in the territory?

23 A Outside of being in the territory from
24 8:30 to 5:00.

25 In addition to those hours, it would range

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1 hour, two hours, to kind of go through that; and

2 those occurred, I think, quarterly or biannually.

3 I -- I can't recall how often those occurred.

4 Q Uh-huh. And you talked earlier about

5 the -- about the fact that you wanted to stay

6 current on disease states and was -- are you

7 including that learning as part of your eForce

8 modules? Or is that something separate?

9 A That was in addition to -- well, the hours

10 for the eForce learning were sporadic; so, you know,

11 I might look at one week, this -- this eForce

12 learning module. Next week I might look at the

13 clinicals that were provided and read through --

14 through those; so I guess that would be kind of, on

15 average, couple hours a week or whatever I -- one or

16 two hours, whatever I listed.

17 Q Okay. How did you determine what samples

18 to leave with a particular prescriber?

19 A It was -- I think there was mention in an

20 email to be -- you know, if -- if samples are

21 falling off the shelf, you don't want to leave more;

22 but if there is one box of a particular sample, you

23 would want to leave a few samples -- not -- not an

24 abundant amount but enough to at least get a patient

25 started for a couple weeks.

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1 And that was the direction of -- of
2 management, not only districtwide; but I think the
3 email that you gave me was a -- was a regional
4 vice president so, even at that level, was stating
5 don't make -- don't make samples fall off the shelf,
6 but leave enough to where a physician could start a
7 patient.

8 Q And you'd pretty much decide how many
9 samples to leave based on what you saw?

10 A Based on the direction from management and
11 based on what was available on the shelf, I would
12 disseminate, you know, "Should I leave four? Should
13 I leave eight?"

14 Q What was the direction from management that
15 you're referring to?

16 A It was clearly in the -- in the email.

17 Q Well, that was one email for one period in
18 time, and you said you didn't remember the email at
19 all; so --

20 A Well, I'm just look- -- talking about the
21 email that I got today. I briefly read through it
22 and just said -- just make sure that there's plenty
23 of samples for patients. And the direction from my
24 manager was just "Make sure that there's samples on
25 a shelf."

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1 Q Well, just so we're clear, go to and find
2 the exhibit that you're referring to because, when I
3 talked to you earlier, you said -- about it earlier,
4 you said you didn't recall receiving it at all.

5 It was the one from Mr. Peterson, I
6 believe, and you said you didn't remember who it
7 was, you don't remember getting it.

8 A I did not remember getting it. I do not
9 remember who he was; but reading through it, it's
10 just talking about samples.

11 Q Right. And so what direction -- since you
12 don't remember that direction specifically, I would
13 like to identify what direction you received as to
14 samples from management?

15 A I just stated that the direction from my
16 district sales manager was, "If there are samples
17 falling off the shelf, you don't need to leave any."

18 Q Okay.

19 A "If there's one box or no boxes of samples,
20 you need to leave a few."

21 Q Okay. And that was -- that was the only
22 thinking that went into -- that you -- that was the
23 only -- those were the only parameters that you used
24 in deciding what samples to leave was whether they
25 were falling off the shelf, whether there was one or

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1 two boxes left; and then you just said, "Well, I
2 guess maybe I'll leave four, or maybe I'll leave
3 three"? There wasn't any --

4 A It's pretty clear cut. I mean, it --
5 either you -- you leave a couple of samples or you
6 don't.

7 Q Okay.

8 A But to answer your question about this
9 email --

10 Q Well, what exhibit are you referring to,
11 please?

12 A This is Exhibit 17.

13 Q And you -- like I said, you said you didn't
14 recall the email; so --

15 A Again, I -- when you handed me this piece
16 of paper, Exhibit 17, I did not recall the email.

17 Q Do you recall it now?

18 A Because I have it, yes.

19 Q But, no, do you recall receiving the email
20 when you got it other than what you read today?

21 A I do not recall receiving this email. I do
22 not recall meeting Gregg Peterson.

23 Q Okay.

24 A Based on the information --

25 Q All right.

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1 (The document referred to was marked as
2 Christopher Exhibit 27 by the Reporter.)

3 THE REPORTER: 27.

4 BY MS. JOHNSON:

5 Q Do you recognize Exhibit 27?

6 A Yes.

7 Q Is Exhibit 27 another version of "winning
8 practices" that was in place during the time you
9 worked for GlaxoSmithKline?

10 A I believe this was in place when I was
11 employed, yes.

12 Q Okay.

13 (The document referred to was marked as
14 Christopher Exhibit 28 by the Reporter.)

15 THE REPORTER: 28.

16 BY MS. JOHNSON:

17 Q When you went to work for GSK in March,
18 2003, is it accurate that your base salary was
19 \$38,500 per year?

20 A I believe that's correct.

21 Q And we're looking at Exhibit 28.

22 A Yes. But the base salary was -- yeah.

23 I -- I believe that that's when I started.

24 Q And, then, in April, 2005, you received a
25 promotion; and your base salary went up to -- I'm

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1 sorry -- that you had a pay increase up to \$43,010,
2 effective May 31st, 2004; correct?

3 A Correct.

4 Q Then between April 4th, 2005, and May 30th,
5 2005 -- I'm sorry -- let me go back.

6 Yeah. Between April 4th, 2005, and
7 May 30th, 2005, you earned \$46,021 in terms of your
8 base salary; right?

9 A Correct.

10 Q And between May 30th, 2005, and May 29th,
11 2006, you earned \$47,410 in base salary?

12 A That was up until April 3rd of 2006. And
13 then it changed to 48,710 on May 29 of '06.

14 Q Okay. And then between September 4th,
15 2006, and the time of your termination from GSK, you
16 were earning an annual salary of \$51,840; right?

17 A Correct.

18 Q If you go back to your offer letter -- I
19 think it's Exhibit 3.

20 A Yes.

21 Q In Exhibit 3, you were told that your
22 annual target for sales incentive compensation was
23 \$21,000; correct?

24 A Correct.

25 Q And your incentive comp was paid on a

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1 quarterly basis; right?

2 A Correct.

3 (The document referred to was marked as

4 Christopher Exhibit 29 by the Reporter.)

5 THE WITNESS: Thank you.

6 BY MS. JOHNSON:

7 Q Did each of the people -- each of the

8 pharmaceutical sales rep -- reps in your pod have a

9 different plan of action or POA?

10 A Based on their product portfolio.

11 Q Let me ask the question again.

12 Based on their product portfolio, did each

13 pharmaceutical sales rep in your pod have a

14 different plan of action?

15 A Yes.

16 Q And the plan of action identified the

17 weighting of various products with respect to

18 incentive compensation; correct?

19 A Correct.

20 Q Did the weighting of the various products

21 in any way influence which prescribers of the

22 approved ones that you called on?

23 A To an extent, I would say yes, but we were

24 to call on -- we were given a plan of -- of action

25 to call on a list of physicians.

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1 Q All right.

2 A There were other teams.

3 Q But not that you were on?

4 A Not that I was -- not that I was on;

5 correct.

6 Q Okay.

7 THE REPORTER: 30.

8 (The document referred to was marked as

9 Christopher Exhibit 30 by the Reporter.)

10 BY MS. JOHNSON:

11 Q And so your target for incentive

12 compensation was \$21,000 a year.

13 Is it true that it was possible for you to

14 earn more than \$21,000 a year in incentive

15 compensation?

16 A To my knowledge and based on the results

17 from Exhibit 30, yes.

18 Q I'm sorry. I wasn't looking at Exhibit 30.

19 I'm -- I'm asking you generally.

20 Was it your understanding --

21 A Yes.

22 Q Was it your understanding that you could

23 earn more than \$21,000 a year in incentive comp?

24 A Yes.

25 Q And, in fact, did you earn more than

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1 \$21,000 a year at any time when you worked at GSK?

2 A Yes.

3 Q What's the maximum amount that you recall
4 receiving in incentive comp?

5 A For a quarter or for a year?

6 Q Let's do it by quarter.

7 A I think the highest that I made in a
8 quarter was 13- or 15,000.

9 Q Okay.

10 A Approximately.

11 Q You said that -- I believe I understood you
12 to testify earlier that you believed that some of
13 your job activities influenced the amount of
14 incentive compensation that you received; correct?

15 A I would have to look back to see if that's
16 accurate.

17 Q Well, let me ask you again, assuming the
18 answer will be the same.

19 Did any of your -- do you believe that any
20 of your job activities influenced the amount of
21 incentive compensation you received? Understanding
22 you don't understand exactly how it got calculated
23 and the algorithms that went into it, but do you
24 think that anything you did in terms of your job
25 influenced the amount of incentive comp you

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1 received?

2 A I would speculate there's a potential that
3 my activity contributed to incentive comp, yes.

4 Q And do you have any idea what things you
5 did improved or increased the amount of incentive
6 comp you received?

7 A Promoting and marketing the products and
8 the messages that were -- that I learned and was
9 trained on.

10 Q Okay. If you look on page 2 of Exhibit 30,
11 I think it is --

12 THE REPORTER: 31.

13 (The document referred to was marked as
14 Christopher Exhibit 31 by the Reporter.)

15 BY MS. JOHNSON:

16 Q Page 2 of Exhibit 31, you see
17 "Winners' Circle Points"?

18 A Uh-huh.

19 Q Yes?

20 A Yes. I'm sorry.

21 Q That's all right.

22 How were Winners' Circle points
23 accumulated?

24 A I -- I don't recall how they were
25 calculated or what algorithms were used.

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1 Q Did you discuss the dosing benefits of the
2 product?

3 A Yes.

4 Q Did you discuss the patient type that the
5 product would be appropriate for?

6 A Yes.

7 Q And did you discuss the advantages of the
8 GSK products versus competitor products?

9 A I don't know if I said "advantages."

10 There were messages to say why.

11 Q Let me ask you a different question.

12 Did you discuss the benefits of the GSK
13 products over competitor products within guidelines?

14 A I think I just spoke on the benefits of GSK
15 products.

16 Q Okay. And I think you've testified you
17 responded to questions that were posed to you by the
18 healthcare providers?

19 A Yes.

20 Q Is it accurate -- you attempted to build a
21 relationship with the providers?

22 A That would be correct.

23 Q And did you attempt to address objections
24 that the providers posed to prescribing more GSK --
25 or to prescribing GSK products?

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1 A Based on -- on responses we were allowed to
2 say, yes.

3 Q Is there any aspect of a sales call that --
4 was there any aspect of a call on a prescriber that
5 you felt made one call more successful than another?

6 A Not one that just really pops out.

7 Q No. I mean just generally to try to
8 determine whether it's a successful call as opposed
9 to a not-so-successful call, were there any criteria
10 that, in your mind, made one call more successful
11 than another?

12 A No. Because there was nothing tangible or,
13 you know -- there was no cash exchanged to say,
14 "Well, great, you know, I -- that was a great call
15 base I've got, you know, a check for whatever."

16 So -- so no.

17 MS. JOHNSON: Okay.

18 (To the Reporter) Would you go back.

19 Objection. Nonresponsive to everything
20 after "No."

21 Q Has anyone at GSK ever told you you cannot
22 work from home?

23 A Meaning -- what do you mean "work from
24 home"?

25 Q That you could not work from home. That

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1 communications that Mr. Golson had? Or did he have
2 any that were different that you can remember?

3 A Those -- I -- you know, I just -- again,
4 just kind of the basic communication with your team,
5 communicate with your computer, communicate with
6 your manager even though it wasn't listed as part of
7 the -- the PowerPoint presentation, it just -- I --
8 I would assume that you would communicate with your
9 manager, even though you don't have a PowerPoint
10 presentation, stating that that was part of the
11 communication.

12 Q Uh-huh. Right.

13 A So I -- that's -- that's pretty accurate as
14 far as communication.

15 Q Okay. Other than attorneys at
16 Jackson White, have you had any discussions with any
17 other attorneys about the lawsuit?

18 A I have not had any discussions with other
19 lawyers pertaining to this case outside of
20 Jackson White, no.

21 Q Okay. Other than -- have you talked with
22 any of your coworkers at your current employers
23 about this lawsuit?

24 A No.

25 Q Okay. Is it accurate that your employment

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1 with GSK ended on May 17, 2007?

2 A That sounds accurate.

3 (The document referred to was marked as

4 Christopher Exhibit 34 by the Reporter.)

5 THE REPORTER: 34.

6 BY MS. JOHNSON:

7 Q You've been handed what's been marked as

8 Exhibit 34.

9 Is it accurate that you were told in

10 Exhibit 34 that the company had determined that you

11 had violated GSK's code of conduct?

12 A Can you repeat the question. I'm sorry.

13 Q Is it accurate that in Exhibit 34 GSK --

14 and specifically Mr. Golson -- tells you that you're

15 being terminated because there was a determination

16 you had violated GSK's code of conduct?

17 A Correct.

18 Q Prior to your termination, were you

19 interviewed in the course of an investigation?

20 A I was.

21 Q Did Terry Schaeffer interview you?

22 A I can't recall the -- I know she was

23 female.

24 Q Okay. Was it your understanding that

25 Terry Schaeffer -- was -- was it your understanding

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1 that the person who interviewed you was from the
2 Compliance group, GSK's Compliance group?

3 A I can't recall whether she stated what
4 department she was from. She just -- I recall that
5 she stated that she was there to ask me some
6 questions relating to some of the physicians that
7 were in my geography.

8 Q Okay. And did -- were you interviewed at
9 the Embassy Suites in Phoenix?

10 A That sounds correct.

11 Q And were you asked questions about your
12 call reporting activity?

13 A Yes.

14 Q Did you tell the interviewer that you would
15 sometimes record a call in PassPort for a healthcare
16 provider who was unavailable if you detailed other
17 healthcare providers in the same office?

18 A I -- because I did not get a copy of the
19 documents that she had and/or the recordings that
20 she made note of, I -- I recall telling her that,
21 because of the mandate of making calls on
22 physicians, there are a few no-see offices
23 throughout the United States within the
24 pharmaceutical industry that are absolutely no-see.
25 You can't get past the front desk. Physician -- I

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1 couldn't even pick a physician out of a -- out of a
2 lineup if they were lined up in front of me.

3 And talking with other representatives
4 throughout the nation, there are offices that are
5 like that, in my particular case.

6 I did share with her I left information for
7 a particular physician, spoke to that physician's MA
8 or medical assistant or billing nurse -- or -- or
9 somebody within that office that worked with that
10 physician.

11 I shared information with them, as I would
12 with a physician, and also left resources behind
13 that we would typically leave in any given day for a
14 physician to acknowledge and read and -- and that
15 sort of thing.

16 And I submitted a call.

17 Because we were not allowed to type in a
18 response or a call note just as it happened, I
19 wasn't able to distinguish what I had did -- or --
20 or what I had done for -- for these particular
21 physicians.

22 Q Okay. Is it accurate, then, that there
23 were healthcare providers that you attempted to call
24 on that you didn't see face to face but you recorded
25 the visit as a call?

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1 A For these providers -- Schlomer,
2 Sorkin-Wells and Kathleen Schwartz -- I did not see
3 these physicians face to face based on the
4 information was "hard to see"; so I spoke to some of
5 their representatives in their office and left
6 information for these providers.

7 Q Is it accurate that Julia Schlomer, Dr. --
8 Julia Schlomer, Valerie Sorkin-Wells, and
9 Kathleen Schwartz are healthcare providers that you
10 had never seen face to face?

11 A I believe of the three I've met
12 Sorkin-Wells; but I -- I had never met -- to my
13 recollect- -- recollection, I never met Dr. Schwartz
14 or Julie Schlomer.

15 Q Did you call on Sorkin-Wells or -- I'm
16 sorry -- did you meet with Sorkin-Wells in her
17 office?

18 A Yes.

19 Q And was the purpose of your meeting
20 Sorkin-Wells in her office, when you met with her
21 face to face, to have a sales call?

22 A I was there to promote and market the
23 products that I currently --

24 Q Okay.

25 A -- carried and -- and promoted for GSK at

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1 that time.

2 Q All right.

3 (The document referred to was marked as

4 Christopher Exhibit 35 by the Reporter.)

5 THE REPORTER: 35.

6 BY MS. JOHNSON:

7 Q We'll do that one. Go ahead.

8 Exhibit 35. You've been handed Exhibit 35.

9 A Okay.

10 Q What's Exhibit 35?

11 A This is an incident report for policy

12 violation, American Express, on January 26, 2007.

13 Q Do you recall receiving Exhibit 35?

14 A I -- yes. I vaguely remember getting this
15 document, yes.

16 Q And did you have a violation of the
17 company's AMEX policy?

18 A I did not pay American Express for 90 days,
19 but I did eventually settle that.

20 Q Okay. But was it your understanding that
21 GSK's policy was that you were to pay
22 American Express within 90 days?

23 A Yes.

24 Q Okay.

25 ///

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1 (The document referred to was marked as
2 Christopher Exhibit 36 by the Reporter.)

3 BY MS. JOHNSON:

4 Q I'd like to show you what's been marked
5 Exhibit 36.

6 Is Exhibit 36 a copy of a memo to a number
7 of people at GSK, including you, called "Definition
8 of a Sales Call," dated January 21st, 2007?

9 Do you recall receiving a copy of
10 Exhibit 36?

11 A I -- I think I did.

12 Q And was it your understanding from -- from
13 getting the email, which is Exhibit 36, that a sales
14 call was defined as having a face-to-face contact
15 with the healthcare prescriber?

16 A That is -- yes.

17 Q All right.

18 (The document referred to was marked as
19 Christopher Exhibit 37 by the Reporter.)

20 BY MS. JOHNSON:

21 Q Do you have Exhibit 37?

22 A Yes.

23 Q Is Exhibit 37 a copy of the Complaint that
24 you and Mr. Buchanan have filed in this case?

25 A Yes.

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1 Q And we've talked about the list of
2 prescribers that you received from GSK.

3 Did you ever suggest or recommend to your
4 manager or to anyone at GSK that a particular
5 prescriber should be added to the list?

6 A Not to my recollection unless there was a
7 physician that joined a practice.

8 There was a method that you could put a
9 request in, but then they'd have to look at data and
10 all that sort of thing; and then if they were added,
11 it was sent down from corporate office with all of
12 the information that was collected from -- from
13 those.

14 But I never added -- I never added or
15 deleted physicians.

16 Q I understand you couldn't add or de- --
17 delete physicians from the list; but, if I
18 understood you correctly, there was a vehicle
19 through which you could suggest prescribers for GSK
20 to consider adding to the list.

21 A Because I'm not familiar with that process.
22 I -- I believe that there was an avenue, yes, to
23 answer your question.

24 Q Okay. Did you ever talk -- you talked
25 about -- or you testified about having reviewed

1 I, ALTHEA L. MILLER, CSR No. 3353, certify:
2 That the foregoing deposition of
3 MICHAEL SHANE CHRISTOPHER was taken before me at the
4 time and place therein set forth, at which time the
5 witness declared under penalty of perjury to tell
6 the truth;

7 That the testimony of the witness and all
8 objections made at the time of the deposition were
9 recorded stenographically by me and were reduced to
10 a computerized transcript under my direction;

11 That this transcript is a true record of
12 the testimony of the witness and of all objections
13 and colloquy made at the time of the deposition.

14 I further certify that I am neither counsel
15 for nor related to any party to said action nor
16 interested in the outcome.

17 The certification of this transcript does
18 not apply to any reproduction of the same by any
19 means unless under the direct control and/or
20 direction of the certifying deposition reporter.

21 IN WITNESS WHEREOF, I have subscribed my
22 name this 27th day of April, 2009.

23 
24 ALTHEA L. MILLER, CSR No. 3353, RPR
25